

181934

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
ATTN: DOCKETING DEPARTMENT  
101 EXECUTIVE CENTER DRIVE  
COLUMBIA, SOUTH CAROLINA 29210  
(Mailing address: Post Office Box 11649, Columbia, SC 29211)  
Office # (803) 896-5100 - Fax # (803) 896-5199

CLASS C - TAXI 2006-293-T DATE JUNE 23, 2006

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND  
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

D.  
James Bigman Kennedy

2. (a) Street Address of Applicant 603 Brand St.

(b) Mailing address, if different from street address P.O. Box 6441

Florence, S.C. 29502

(c) Telephone Number 495-1329(242)  
(843) 395-0139 SS

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

SEP 22 2006

PSC SC  
DOCKETING SEPT.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.
6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

**BALANCE SHEET**

Balance at Time Application is Filed:

Month: \_\_\_\_\_ Year: \_\_\_\_\_

<b>Assets:</b>	
Cash	400
Receivables	
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net	2500
Garage Equipment-Net	100
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	
Total Assets	
<b>Liabilities and Equity:</b>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	3000 Base Fee
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	3000
Total Liabilities and Equity	3000

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF Flambee SC

I, [Signature], owner  
(Name of Applicant's Representative) (Title)

of \_\_\_\_\_, the Applicant for the Certificate of Public (Applicant)  
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above  
Application are true and correct.

SWORN TO BEFORE ME

At \_\_\_\_\_  
This the 2 day of July 2006

(Notary Public)

[Signature]  
(Signature of Applicant's Representative)

My Commission Expires November 18, 2015

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**

Columbia, South Carolina

Applicant James D. Kennedy

For the transportation of passengers as follows:

Area to be served: State WideNumber of passengers: 5 passFares : \$5.00 /mileDate 9-19-06James D Kennedy  
Byowner  
Title

Rev.10/03

## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

## DESCRIPTION OF EQUIPMENT

MODEL & DFW YEAR MAKE VIN #	WEIGHT EMPTY	CARRYING CAPACITY *
1992 Cadillac Deville	3500	5

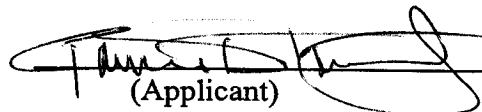
Model DFW

Weight 3500

Carrying Capacity 5 adults

Vec. ID No. 1B6CD55B2N428030B

\* Seats if passenger carrier.

  
(Applicant)Date: Apr 30th 2006

(Applicant's Representative)

(Title)

**INSURANCE QUOTE**

The following insurance quote is for:

James D. Kennedy

(Name of Motor Carrier)

P.O. Box 6441 Florence SC 29502

(Address of Motor Carrier)

**Amount of Premium:**

Liability Insurance \$ 3893.00

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

1 - 7 passengers	-	25,000/50,000/10,000
8 - 15 passengers	-	25,000/100,000/10,000

Canal Ins. Company

(Insurance Company Name)

P.O. Box 7 Greenville SC 29602

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

8-2-06

Date

Geraldine B. Cunha

(Authorized Insurance Company Representative)